



4191-02-U

SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2016-0007]

Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions, and an extension, of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: OIRA_Submission@omb.eop.gov

(SSA)

Social Security Administration, OLCA

Attn: Reports Clearance Director

3100 West High Rise

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: OR.Reports.Clearance@ssa.gov

Or you may submit your comments online through www.regulations.gov, referencing Docket ID Number [SSA-2016-0007].

- I.** The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

- 1. Representative Payee Evaluation Report -- 20 CFR 404.2065 & 416.665 -- 0960-0069.** Sections 205(j) and 1631(a)(2) of the Social Security Act (Act) state SSA may appoint a representative payee to receive Title II benefits or Title XVI payments on behalf of individuals unable to manage or direct the management of those funds themselves. SSA requires appointed representative payees to report once each year on how they used or conserved those funds. When a representative

payee fails to adequately report to SSA as required, SSA conducts a face-to-face interview with the payee and completes Form SSA-624, Representative Payee Evaluation Report, to determine the continued suitability of the representative payee to serve as a payee. The respondents are individuals or organizations serving as representative payees for individuals receiving Title II benefits or Title XVI payments and who fail to comply with SSA's statutory annual reporting requirement.

Type of Request: Revision of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| SSA-624 | 267,000 | 1 | 30 | 133,500 |

2. **Beneficiary Recontact Form -- 20 CFR 404.703, 404.705 -- 0960-0502.** SSA investigates recipients of disability payments to determine their continuing eligibility for payments. Research indicates recipients may fail to report circumstances that affect their eligibility. Two such cases are: (1) When parents receiving disability benefits for their child marry; and (2) the removal of an entitled child from parents' care. SSA uses Form SSA-1588-OCR-SM to ask mothers or fathers about both their marital status and children under their care, to detect overpayments and avoid continuing payment to those are no longer entitled. Respondents are recipients of mothers' or fathers' Social Security benefits.

Type of Request: Revision of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| SSA-1588-OCR-SM | 94,293 | 1 | 5 | 7,858 |

3. **Technical Updates to Applicability of the Supplemental Security Income (SSI)**

Reduced Benefit Rate for Individuals Residing in Medical Treatment

Facilities--20 CFR 416.708(k) -- 0960-0758. Section 1611(e)(1)(A) of the Act states residents of public institutions are ineligible for Supplemental Security Income (SSI). However, Sections 1611(e)(1)(B) and (G) list certain exceptions to this provision making it necessary for SSA to collect information about SSI recipients who enter or leave a medical treatment facility or other public or private institution. SSA's regulation 20 CFR 416.708(k) establishes the reporting guidelines that implement this legislative requirement. SSA collects the information to determine eligibility for SSI and the payment amount. The respondents are SSI recipients who enter or leave an institution.

Type of Request: Extension of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| Technical Updates Statement | 34,200 | 1 | 7 | 3,990 |

4. **Waiver of Supplemental Security Income Payment Continuation -- 20 CFR**

416.1400-416.1422 -- 0960-0783. SSI recipients who wish to discontinue their SSI payments while awaiting a determination on their appeal complete Form SSA-263-U2, Waiver of Supplemental Security Income Payment Continuation, to inform SSA of this decision. SSA collects the information to determine whether the SSI recipient meets the provisions of the Act regarding waiver of payment continuation and as proof respondents no longer want their payments to continue. Respondents are recipients of SSI payments who wish to discontinue receipt of payment while awaiting a determination on their appeal.

Type of Request: Revision of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| SSA-263-U2 | 3,000 | 1 | 5 | 250 |

II. SSA submitted the information collections below to OMB for clearance. Your comments regarding the information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

Individuals can obtain copies of the OMB clearance packages by writing to OR.Reports.Clearance@ssa.gov.

1. Supplemental Statement Regarding Farming Activities of Person Living

Outside the U.S.A. -- 0960-0103. When a beneficiary or claimant reports farm work from outside the United States, SSA documents this work on Form SSA-7163A-F4. Specifically, SSA uses the form to determine if we should apply foreign work deductions to the recipient's Title II benefits. We collect the information either annually or every other year, depending on the respondent's country of residence. Respondents are Social Security recipients engaged in farming activities outside the United States.

Type of Request: Revision of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| SSA-7163A-F4 | 1,000 | 1 | 60 | 1,000 |

2. Employer Verification of Earnings After Death -- 20 CFR 404.821 and

404.822 -- 0960-0472. When SSA records show a wage earner is deceased and we receive wage reports from an employer for the wage earner for a year subsequent to the year of death, SSA mails the employer Form SSA-L4112 (Employer Verification of Earnings After Death). SSA uses the information Form SSA-L4112 provides to verify wage information previously received from the employer is correct for the employee and the year in question. The respondents are employers who report wages for employees who have died.

Type of Request: Revision of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| SSA-L4112 | 50,000 | 1 | 10 | 8,333 |

3. **Certificate of Incapacity -- 5 CFR 890.302(d) -- 0960-0739.** Rules governing the Federal Employee Health Benefits (FEHB) plan require a physician to verify the disability of Federal employees' children ages 26 and over for these children to retain health benefits under their employed parents' plans. The physician must verify the adult child's disability: (1) Pre-dates the child's 26th birthday; (2) is very serious; and (3) will continue for at least one year. Physicians use Form SSA-604, the Certificate of Incapacity, to document and certify this information, and SSA uses the information provided to determine the eligibility for these children, ages 26 and over, for coverage under a parent's FEHB plan. The respondents are physicians of SSA employees' children ages 26 or over who are seeking to retain health benefits under their parent's FEHB coverage.

Type of Request: Revision of an OMB-approved information collection.

| Modality of Completion | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Total Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------------|
| SSA-604 | 50 | 1 | 45 | 38 |

Dated: March 18, 2016

Naomi R. Sipple

Reports Clearance Officer

Social Security Administration

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